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AUG 29 2005
PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/846,588
Filing Date	May 1, 2001
First Named Inventor	Goldman et al.
Group Art Unit	1636
Examiner Name	Q. Nguyen
Total Number of Pages in This Submission: 9	Attorney Docket Number: 19603/3232 (CRF D-2587B)

ENCLOSURES *(check all that apply)*

- ☒ Fee Transmittal Form
  - ☐ Fee Attached
- ☒ Amendment / Reply ($_____)
  - ☒ After Final
  - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request ($_____)
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement ($____)
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Notice to File Missing Parts/ Incomplete Application ($_____)
  - ☐ A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Assignment Papers *(for an Application)*
- ☐ Drawing(s)
- ☐ Declaration and Power of Attorney
- ☐ Licensing-related Papers
- ☐ Petition ($_____)
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer ($_____)
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group ($____) (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Application Data Sheet
- ☐ Request for Corrected Filing Receipt with Enclosures
- ☒ A self-addressed, prepaid postcard for acknowledging receipt
- ☐ Check in the amount of $_____
- ☐ Other Enclosure(s) (*please identify below*):

Remarks

☒ The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm *or* Individual name	Michael L. Goldman Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1304 Fax: (585) 263-1600
Signature	Registration No. 30,727
Date	August 25, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

August 25, 2005
Date

Signature
Wendy L. Barry
Typed or printed name

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AUG 29 2005
PATENT & TRADEMARK OFFICE

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL FOR FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($)

Complete if Known	
Application Number	09/846,588
Filing Date	May 1, 2001
First Named Inventor	Goldman et al.
Examiner Name	Q. Nguyen
Art Unit	1636
Attorney Docket No.	19603/3232 (CRF D-2587B)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 14-1138 Deposit Account Name: Nixon Peabody LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	**Fee ($)**	**Small Entity Fee ($)**
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims		**Extra Claims**		**Fee ($)**		**Fee Paid ($)**
16	- 37 or HP =	0	x		=	

HP =- highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

Fee ($)	**Fee Paid ($)**

Indep. Claims		**Extra Claims**		**Fee ($)**		**Fee Paid ($)**
3	- 4 or HP =	0	x		=	

HP =- highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets		**Extra Sheets**		**Number of each additional 50 or fraction thereof**		**Fee ($)**		**Fee Paid ($)**
	- 100 =		/ 50 =	(round up to a whole number)	x		=	

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount) _____

Other: _____ _____

SUBMITTED BY

Signature	Michael L. Goldman	Registration No. (Attorney/Agent) 30,727	Telephone (585) 263-1304
Name (Print/Type)	Michael L. Goldman		Date August 25, 2005

CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 25, 2005.

Signature: Wendy L. Barry

Name: Wendy L. Barry

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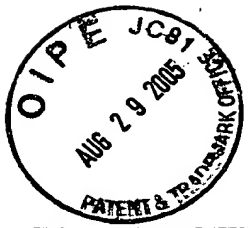

PATENT
Docket No. **19603/3232 (CRF D-2587B)**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	:	Goldman et al.	Examiner: Q. Nguyen
Serial No.	:	09/846,588	Art Unit: 1636
Cnfrm. No.	:	4784	
Filed	:	May 1, 2001	
For	:	METHOD OF INDUCING NEURONAL PRODUCTION IN THE BRAIN AND SPINAL CORD	

AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the June 29, 2005, office action, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.